Previous references.
Mc 89-6881, 2, 3-20.
22-42, 64, 69
43, 65-68157 (Medical)
Later references. B. Feb 1910.
Mc 83-758 128. B July 1916
— do — 7110+12 B Nov. 1916

Mcel 156-20 (112)
211-27 (104)
216-30 (125
88-34-1-2

1915

File No. 231-13

Serial Nos. 1 to 4

GENERAL AND REVENUE SECRETARIAT.

P.H.90-3681-4

Serial Nos. 1 to 4.

Part B. for November 1915

SUBJECT

Levy of fees from patients resorting to Public Hospitals and dispensaries ~~in the~~ for treatment.

G.O. No. 3820-70. dy. 26. 11. 15.

Prescribing rules for the levy of fees in Hospitals and Dispensaries in the cities of Bangalore and Mysore, tentatively for 3 years from 1st January 1916.

G. R. S. 58—
M K Varma
7/1/16

GPB—4,000—1-7-11

G.R.S. 11]

GENERAL AND REVENUE SECRETARIAT.

(Medical)

NOTES.

File No. 23/13

FILE HEADING.

Charging fees for the Services rendered in Hospitals and dispensaries

From

No.	Dated	Received	
	Enclos.	Spare Copies.	Serial No.

BRIEF ABSTRACT OF LETTER.

NOTES AND ORDERS.

NOTES—First Sheet.

GPB—55,000—15-6-12

(2

To. No. 458 24.12.13

The rules at the Victoria and Minto Hospitals, may be examined, in the light of the "Rules of the Madras General Hospital" (copy appended) and the question discussed whether our rules may not be improved.

2— The question whether patients that can afford to pay a fee should not be made to pay for services rendered in the hospital requires serious consideration in view of the growing expenditure of the Medical Department.

13.12.13. CC

Dr Scurfield

Draw 24/12

Extract from "Rules of the Madras General Hospital".

The General Hospital is intended for the accommodation of persons in the service of Government and their families as well as the civil population. Sick poor of all races and caste are treated gratuitously either as - - inpatients or out-patients, but for those who can afford to pay hospital stoppages, Government has laid down the scale detailed below.

Hospital Stoppages.

General Wards.

Patients liable to pay hospital stoppages will, on admission, be required consistently with humane treatment, to pay hospital stoppages for ten days in advance and to continue to do so at the expiration of the period for which such advances were paid; any - - sums remaining to the credit of patient at the time of their discharge will be refunded to them on demand.

Hospital stoppages will be recovered at the rates calculated on the actual income of the patients themselves, or of those legally bound to pay for them, while in hospital.

Ordinary.

	Rates. Rs.	As.	Ps.
Income from Rs25 to 49	0	4	0
-do- 50 to 99	0	8	0
-do- 100 tp 149	0	12	0
-do- 150 to 199	1	0	0
-do- 200 and upwards	2	0	0

Infants under 3 years - free.

Children from 3 to 8 years - 1/8th rate of what is chargeable for the head of the family.

Children from 8 to 15 - $\frac{1}{4}$ rate. -do-

Children above 15 years and wives - $\frac{1}{2}$ rate -do-

The Accountant is responsible that the hospital stoppages collection book is kept up to date and submitted for the initials ofthe Senior Medical Officer daily.

On the admission of civil patients their ability to pay diet charges - - should be ascertained and entered in the admission book. If employed their particular post or office, and department whether in the service of the - - Government or in private employ, and their salary should invariably be inserted.

Hospital stoppages will be recover on the actual income of the patients themselves, or of those legally bound to pay for them, while in hospital.

G.R.S. 13]

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

BrIV

3 Within a week I suggest a Note merely referring to the existing rules orders of Nyasa, if any, & to those of Br India & foreign countries so far as they are ascertainable.

Draw

Arm 27/12

4

The note called for is Subtd in pages 3 & 4 of the accompanying formal notes. There are no rules for either the Victoria or the Nyasa Hospital individually —

5.1.14.

Arm 6/1.

N.B.—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

GPE—20,000—14-7-13

(6

G. R. S. 12]

General and Revenue Secretariat. | Med File No. 231 of 1913-4

Serial No.

5 Submitted.

Paras 27 to 30 of the rules issued with G.O no: 7332-72 Med 89-06-57 dt 24.2.10 lay down rules for the gratuitous issue of medicines from the Stores in the Hospitals and dispensaries. In the Special Pay wards of the Victoria Hospital, Bangalore, fees are charged to patients in accordance with the Schedule appended to G.O no: 9594-5 Med 53-08 dt 2.4.09.

6 At the last Representative Assembly it was suggested that Special Pay wards may be introduced in all the District Hospitals. This question is under consideration in Med file 223-12.

The officers (Govt servants) referred to in paras 5(a) & (b), 6, 7 & 8 of the rules issued with G.O dt 24.2.10 are entitled to free medical attendance under certain conditions and "free medical attendance" as defined in para 1 of the rules includes also the supply of authorised medicines & appliances prescribed by the medical officer, subject to the conditions laid down in para 27 of the rules.

In July 1893 certain rules were prescribed for the sale of medicines to private persons from Govt Hospitals and dispensaries. Vide Govt Hosps no: 1591 G.7437-92 dt 19.7.1893

P in the file

NOTE—Contn. sheet.

GPB—60,000—7-11-13

G. R. S. 12]

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(7)

General and Revenue Secretariat.

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8

It is not known whether medicines are being sold even now in accordance with the said rules & if so, how much is realized annually by such sale.

In G.O no: 14648 of 12.3.1895 it was laid down that a member of the family of an officer of the [illegible] of a mufussil is not entitled to receive medicines from a Govt dispensary gratis where he or she is treated as an out-patient. According to para 14 of the rules issued with G.O* of 24.2.10 it is only the families of military officers in purely military employ that are entitled to gratuitous medical services if the officers themselves are entitled to the same.

10 For rules obtaining in British India on the subject, reference is invited to the following:-

(1) Paras 358, 393 & 397 of the Madras Medical Code*.

(2) Senior Surgeon's letter no: 903 of 18.9.1893* in the linked file G.F. 437 of 1892.

Rdm 51
5.1.14.
B.E.

(7) Sec Ledy

Bm
6/1

* copy put up.

copies of the Bombay & Bengal medical codes are not available.

N in the file below.

NOTE—Contn. sheet.

GPB—60,000—7-11-13

G. R. S. 12]

General and Revenue Secretariat.

Med File No. 231 of 1913-14

Serial No. 11

Letter no: 4400 of 25.3.14 from the Senior Surgeon.

Submits his views on the question of charging fees in Hospitals to those that can afford to pay for services rendered.

2 The Senior Surgeon has described in his letter the practice obtaining in the matter in the British Indian Provinces of Bengal, Bombay and Madras. The majority of the gentlemen consulted by the Senior Surgeon on the subject are not in favour of the proposal. On a consideration of all the circumstances the Senior Surgeon has suggested that it is best to leave matters as they are, at least for some time to come (vide para 5 of the letter) and suggests a scale of fees for adoption if Govt be inclined to try the experiment (para 6).

3 In this connection it is also stated that in his report on Med & Sanitary arrangements in Europe, Mr Mohamed Ameen Asst Surgeon has stated that there is no ~~Indian~~ Govt Med Dept in Europe, that all Hospitals are maintained by Voluntary Subscriptions from the rich and that only those who are certified to be poor get gratuitous medical treatment

Off Secy's order:—
Medl papers relating to the Development and organization Subject No: 10 may be dealt with in Branch IV in the usual course as orally ordered by the Dewan on 24.4.14."

Initd D.A.R.
19.5.14

NOTE—Contn. sheet.

GPB—60,000—7-11-13

G. R. S. 12]

S.S. 41

9

General and Revenue -Secretariat.

Med File No. 231 of 1913-4

Serial No.

in Hospitals, the cost of treatment of such poor patients being borne by the Municipality or Borough to which they belong. For details the marked Resume's report may be consulted.

Listed for orders.

The file contains a note of the views of the Asst Secy & the Dy Secy on the Project

Rejd. print of the Committee's Report & Govt Order thereon

B.Dn. 51
5.6.14
B.S.

14. The practice and tendency in British Indian Provinces would appear to be in favour of the levying of fees, but the trend of opinion in Mysore seems to be all the other way. The gentlemen consulted in the matter, with the exception of Dr Ramasvami Iyengar, have urged various objections to the proposal, the more important being the following:

1) The very idea of Govt expecting a return for the advice and medicine supplied by it would be revolting to the Hindu mind

2) The fees to be levied would naturally be fixed upon the income of the patients, but this is not easy to fix always and any attempt to determine

NOTE—Contn. sheet.

GPB—60,000—7-11-13

General and Revenue Secretariat.

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it accurately would be irksome to the medical officer and annoying to the patient.

3) The imposition of fees would make the Western method of treatment unpopular and increase the clientele of the quacks

4) The income from this source would be insignificant

15. A set of rules framed by the Secretary and the Assistant Secretary (Mr Ramanathan) will be found in the file.

Submitted for orders

Mee

14/7/14

Dy Secy)

16 Considering the delay which would be caused by the introduction of the system which seem to have been abandoned by his predecessor (Dr Hopkins to Govt), I think we may defer action for a year. The views of the members of the R. A may be taken. Govt servants and others

copies of Med. codes of Bombay & Madras are put up in the file for reference.

16.7.14.

NOTE—Contn. sheet.

GPB—10,000—18-6-14

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(11

G R. S. 12]

General and Revenue Secretariat. | File No. of 191

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with settled incomes derived publicly can be made to pay but as a rule many private gentlemen will escape and a medical officer who would honestly try to enforce the rules would become very unpopular.

17. There is no doubt however that an assistant should be generally established in a class of private practitioners and lessen the burden of the cost of medical relief on general revenues. At present we spend nearly 4½ lakhs of rupees annually for the purpose and the persons treated are generally those residing in towns or those close to tehsil head-quarters. Those in the interior derive very little benefit from the State dispensaries & hospitals - Unless fees are imposed in hospitals therefore private practitioners will have no chance and it will be a long time before the well-to-do people learn to pay for medical services as for other services. The question has therefore to be faced sooner or later

Lucy

2/3/14

NOTE—Contn. sheet.

GPB—10,000—18-6-14

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[F. R. S. 12]

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Serial No. 18

Para 2 of free rules.

In December last, the Diwan was pleased to raise the question whether patients that can afford to pay a fee should not be made to pay for services rendered in the hospital .... in view of the growing expenditure of the medical dept (Parag. 2).

19 This subject was also treated as one of the 36 Organization and development questions and the opinions of the various gentlemen consulted are in the file.

cf. 7 file 437-92 Ernakulam.

20 So far back as July 1893, Govt answered the question in the affirmative & issued a Notification prescribing definite rules for levy of fees. But the rules are, it is feared, more or less a dead letter. The rules themselves were framed & issued in pursuance of the policy generally followed in British India.

21. The chief point for decision now is whether the Rules of 1893 should not be enforced now with such reasonable modifications as may be necessary; and in my humble opinion, they should be given effect to. Draft revised rules are therefore suggested for consideration.

22. There is bound to be a considerable opposition to the enforcement of the rules as supply of free medicines must obviously be more popular than what the rules provide for.

Dewan 8/8/14

Extraordinary member & Diwan

8/8

8/8

NOTE—Contn. sheet.

GPB—10,000—13-6-14

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General and Revenue Secretariat. | Misd File No. 231 of 1913-4 (13

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23 Hospitals are charitable institutions where medical aid and advice are intended to be given free only to the poor and on payment to the rich. Indiscriminate charity both to the rich and the poor will only tend to less attention being paid to the deserving poor.

24 There is sure to be a great deal of opposition to the introduction of the measure under contemplation and it must certainly be admitted that it will not be quite easy to determine without causing much annoyance and inconvenience, who is well-to-do and who is poor. But in view of the growing expenditure of the Medical Department and the advantage freely taken, even by people capable of bearing the cost of medicines and advice given, of these free institutions, it seems desirable to enforce the rules of 1895 as now modified and put up for approval.

Ms 8-7437-92

25 Though the Government may not realize much income by the enforcement of these rules, yet they will indirectly encourage private practitioner and teach people a lesson in self help.

26 The proposed draft rules may, I think, be considered in Council.

27 May this be circulated for consideration at a meeting? 19.8.14.

Dhwan

Dwarkanath 19/8

100 2 with 2 books
20.8.14

NOTE—Contn. sheet.

GPB—60,000—7-11-13

G. R. S. 12]

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14

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28 The proposed rules may be kindly examined by the Financial Secretary.

29 A few Malnad tracts and places like Seringapatam and Yedatore, will have to be exempted from the operation of the rules. A list of such places may be prepared.

22.8.14

Dem 21/8

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Med 2578

F.C. Dis. No. 267

30. Subd.

[Vide Routine Note kept below.]

31 It is not exactly clear what results are ~~here~~ Expected from the proposed rules.

32 If it is intended that well to do Govt Servants should be made to pay for medical attendance — which expression includes issue of authorised medicines and appliances prescribed by the medical officer — it has to be pointed out that Govt Servants are Entitled to free medical attendance both in Bombay and Madras and also in ~~Hyd~~ our State - article 408 (i) of Madras Medical Code, P 338 of Bombay Medical Code, and G.O. No 7832-72-Med

Madras Medical Code - Para 397.

NOTE—Contn. sheet.

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89-06-57 dated 24.2.1910. If it is proposed ~~to~~ to levy fees from such people, it will not be in conformity with the practice in Madras & Bombay where Govt servants are to be excluded from the operation of these rules. ~~Regarding people not in Govt Service~~, it is assumed that the rules now proposed are intended to put into force G.O. of 19th July ~~1913~~. 1893. It has however to be pointed out that this G.O. forces fees to be levied for ~~sale of~~ medicines ~~to persons~~ getting compounded, at the Govt dispensary, & the prescriptions given by their medical attendants i.e. medical attendants who attend ~~them~~ people in their residences ~~and~~ but it is specifically laid down in the Rajpudit that no payment is shall be demanded ~~for~~ in the case of persons who personally attend such an institution for treatment. It cannot therefore be considered that the rules now proposed which require levy of fees ~~from~~ from persons who personally attend hospitals follows the G.O. of 1893. In Madras ~~& Bombay~~ no fees are levied from a patient

this is a very important body as people to do people will be excluded & the others may regard it as an invidious distinction -

NOTE—Contn. sheet.

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who attends the hospital in person.

33 It may be noticed that in the proposed rules no fees have been levied for (1) in-patients & (2) medical advice. If fees are not levied for the above two, very little would be raised from the charges on medicines alone and such small receipts would not really bear any appreciable proportion to the total expenditure in the Medical Department.

34 Regarding the Victoria Hospital, as there is a special pay ward for well-to-do people and such people generally consider it an indignity to have recourse to the general wards & do not generally enter it, and as in Madras General Hospital outpatients are treated quite free, it may be regarded that the practice in the Victoria Hospital in fees is practically the same as in the Madras General Hospital.

Result) See the orders of Govt. dt. 29-8-14

161

35 Vide note with draft rules and enclosure pages 1–14 placed below. 6/9/14

G. R. S. 12]

General and Revenue Secretariat.

Mis File No. 231 of 1913-14

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Charging fees to well-to-do people who avail themselves of Hospital services.

The Dewan's minute of the 23rd December 1913 with which the discussion started seems to refer only to the Victoria and the Minto Hospitals. The discussion has, however, afterwards taken a general turn and the question is one well worth consideration from a general point of view. The Government of India, I believe, considered the subject generally some time ago and after pointing out the desirability of charging those who could afford to pay for hospital treatment left it to the Local Governments to take such action as they ~~desired~~ might desire. It is not known whether any of the Local Governments in British India have taken any definite action in the matter.

2. The question is one easy to solve theoretically but is extremely difficult to deal with from the practical standpoint. On the one hand there is the unfair use of hospital concessions by the rich and on the other there is the chance of depriving the deserving poor of hospital treatment and of laying them open, as Colonel Foulkes from his experience observes, to extortion by unscrupulous Hospital subordi-

NOTE—Contn. sheet.

GPB—60,000—25-9-13.

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subordinates. Even under the present free system there are occasional complaints in some parts of British India that poor people do not get good treatment in hospital until they pay something in the capacity of private patients to the staff. If the system of payments by well-to-do hospital patients generally is introduced, the occasions for such complaints will be much more numerous.

3. In my opinion, the draft rules as they are now put up do not secure any definite object, as they do not provide for payment for advice or payment in the case of in-patients. Charging for medicines only at a nominal rate as proposed can only be regarded as unfair competition with private business in drugs without securing adequate payment by those who can afford to pay.

4. In my opinion, hospital treatment should be reserved for two definite classes of cases, viz. (a) poor people, and

(b) cases amongst the rich in which hospital treatment is better than private treatment for securing speedy recovery.

Of these two classes, the first should receive attendance and medicine both for in-door

NOTE—Contn. sheet.

G. R. S. 12]

General and Revenue Secretariat. | Ind. File No. 231 of 1913-4

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indoor and outdoor treatment absolutely free. For the second class of cases a moderate charge should be made for advice as well as for treatment both in indoor and outdoor cases.

5. On these principles I have framed a set of rules which I append hereto for the consideration of Government. The rules contemplate the establishment of special paying consultation rooms for outdoor treatment in the larger hospitals corresponding to the paying wards for indoor treatment, if Government think fit to do so.

6. I append also a few extracts relating to the financial side of hospital administration which go to show that the rules proposed by me do not involve any radical departure from the systems prevailing elsewhere. Of course the system of any advanced western country cannot be adopted wholesale in the circumstances of India. But taking local conditions into account it seems quite safe to go as far as I have suggested in the rules. Our medical institutions, for the purpose of the suggested rules, will have to be divided chiefly into two classes viz. (a) institutions in which paying wards or paying consultation rooms or both are to be established, (b) institutions without such wards or consultation rooms. The detailed classification

NOTE—Contn. sheet.

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classification can be easily effected if the general principle is approved by Government.

7. I would suggest that, if there be no objection, the rules be referred to a Committee consisting of the Second Member, Col. Poulkes, the Senior Surgeon and myself, for consideration and report to Government.

J Chakravarti
6.9.14

NOTE—Contn. sheet.

GPB—65,000—27-9-12.

G. R. S. 12]

General and Revenue Secretariat.

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Serial No.

* printed by the Jail Secy

* Rules Regulating Payment for Hospital Treatment

(i) Whenever a medical officer has reasons to believe that a patient ~~or the guardian of a patient~~ presenting himself for treatment at a Govemment hospital or dispensary may not be so poor as to deserve free treatment, he may require the patient or his guardian to affix his signature or thumbmark to a declaration.

(ii) The declaration will be in either of the following alternative forms, viz.

(a) I declare on my honour that the annual income of the family of which I am a member is less than Rs.600/-, or

(b) I declare that the annual income from all sources of the family of which I am a member is more than Rs.600/- but I consider that my / my 's case can be treated better in a hospital than at my residence owing to want of facility for efficient / the nature of the case / domestic circumstances ~~Private treatment~~.

(iv) Persons who are known to the Medical officer as poor or/ whose appearance, occupation etc. leave no room for doubt as regards their poverty should not be asked to sign a declaration. A declaration should be required in all other cases and no one who refuses to

Note--Continued

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sign a declaration when called upon to do so by the Medical Officer will be entitled to be treated in any hospital or dispensary.

(v) When a declaration is given, the medical officer will have no power to question it. But if he has got definite proofs of the declaration being false, he may report the matter to thd Senior Surgeon. Pending orders from the Senior Surgeon, however, the case should continue to be treated.

(vi) If the Senior Surgeon is satisfied in any case that a false declaration has been made he may order the medical officer in charge of the hospital or dispensary not to treat the individual in question in future.

(vii) Persons who sign the first form of declaration should be given treatment and medicine free in the general branch of the hospital or dispensary to the fullest extent according to the resources of the institution.

(viii) Persons who give declaration in the second form should be treated as indoor patients in paying wards or as outdoor patients in special paying consultation rooms, in institutions in which such wards and consultation rooms have been established by orders of Government.

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In other places, they will be treated and supplied with medicines free, but if they are permanent residents of the locality they will be expected to pay an annual subscription to the hospital or dispensary fund.

(ix) The rates of subscription under the foregoing rule should vary from Re.1 to Rs.60 a year as may be fixed by general rules or ~~in~~ special ~~cases~~ orders, by the Committee referred to in the ~~foregoing~~ following rules.

(x) In order to supervise the working of these rules, a Committee consisting of 5 to 7 members will be constituted at each locality. Of these, not less than three shall be non-officials nominated by the Deputy Commissioner.

The Medical Officer or, where there are more officers than one, the senior among them, shall be an ex-officio member of such Committee.

(xi) The Deputy Commissioner will be the President of the Committee at the headquarters of the District.

The Amildars will be the Presidents of the Committees at other places except when they are the headquarters of a Sub Divisional Assistant Commissioner in which cases he will be the President.

(G. R. S. 12]

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(xii) Persons signing the second declaration may be treated free in a hospital or dispensary without paying wards or special consultation rooms for a period of two months, but if they do not pay the annual subscription at the rate generally or specially fixed by the Committee, within this period, further treatment should be refused at the hospital.

(xiii) Nothing in these rules apply to really emergent cases. Such cases if brought to the hospital or dispensary should receive immediate attention irrespective of all considerations, but after the emergent stage has passed the ordinary rules will apply.

(xiv) Payments for treatment in paying wards as indoor patient or in special paying consultation rooms should be made to the hospital authorities. Except in these cases no cash should be received in a hospital or dispensary from a patient. Subscriptions should be paid into the treasury and treasury chellans produced for the satisfaction of the Medical Officer in charge. The amounts thus paid into the treasury should be credited to 'Medical' under a special subhead.

6/9/14

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(G. R. S. 12]

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Extract from the Encyclopaedia Britannica, 11th Edition, Vol.15.--

I. In Great Britain hospitals for the treatment of general and special diseases are mainly maintained upon what is known as the voluntary system. On the European continent, hospitals as a rule are maintained by the state or municipalities, and this system is so fully developed in Sweden and elsewhere that a sound economical principle has been embroidered upon the hospital system, to the great physical and moral advantage of all classes of the community. The system referred to confers great benefits upon inhabitants in large towns by bringing the poor-law and voluntary institutions into more intimate association, although they may be managed by separate governing bodies. The plan pursued is to demand payment from all patients who are admitted to the hospital under a scale of charge divided into three or four grades. The first grade pays a substantial sum and obtains anything or everything the patient may care to have or to pay for, subject to the control of the medical attendant. The second pays much less, but a remunerative rate, for all they receive at the hospital; and the third and fourth classes are very

Note—Contd sheet.

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very poor people or paupers, who are paidfor on a graduated scale by the poor-law authorities or the communal government, or the municipality. Under this system well-to-do thrifty artisans and improvident paupers are all treated by one staff, controlled by one administration, and are located in immediate proximity to each other though in separate pavilions. We have no doubt as the result of many years' investigation and an accurate knowledge of the working of the system that this is the true principle to enforce in providing adequate medical relief for large urban populations everywhere throughout the world. It should be accompanied by a system of Government insurance, whereby all classes who desire to be thrifty may pay a small annual premium in the days of health, and secure adequate hospital treatment and care when ill. Provided that pay wings were added to the existing voluntary and municipal hospitals, it should be found that the relatively small annual premium of £3 per annum should enable the policyholders to defray the cost of medical treatment in a pay ward or ~~to~~ at a consultation department of a great hospital ~~or~~ as a matter of business. In the United States of America most large towns have great hospitals, usually known as city hospitals, administered

NOTE—Contn. sheet.

GPS—5,000—26-6-11

administered and mainly supported by the municipality. Many such institutions have pay wards, but nowhere, so far as we have been able to discover, has the system of medical relief in its entirety been organized as yet upon the business system we have just referred to."(p792)

--oO--ooo---Oo--

II.

The problem of hospital administration.--

"A study of the hospital problem in various countries, and especially in different portions of the English-speaking world, convinces the writer that, apart from local differences, the features presented are everywhere practically identical

* * * * *

Such an absence of system throughout the world has everywhere led to overlapping, to the perpetuation of many abuses, to the admission of an increasing number of patients whose social position does not entitle them to claim free medical relief at all

* * * * *

the famous Commission on Hospital Abuse, known as Sir William Ferguson's Commission, in 1871, after an exhaustive inquiry, made the following recommendations:-

GPR—5,000—26-6-11

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recommendations:--

* * * * *

(4) to curtail the unrestricted system of gratuitous relief, partly by the selection of cases possessing special clinical interest and partly by the exclusion of those who on social grounds are not entitled to gratuitous medical advice;

* * * * *

if the foregoing recommendations of Sir William Fergusson's Commission had been carried out in their entirety at the time they were made, practically all the abuses from which British hospitals afterwards suffered would have been removed, and the charitable public might have been saved several millions of pounds sterling.

* * * * *

There is no doubt that all the facts available tend to prove that the voluntary hospitals are used to an increasing extent by persons able to make payment or partial payment for the treatment which they receive. The evidence and statistics demonstrating these facts may be readily gathered from a study of the Report (1909) and Evidence of the Royal Commission on the Poor Laws and Relief of distress (Lord George Hamilton's Commission) and in the authorities mentioned at the

GPS—5,000—26-6-11

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end of this article. The underlying cause of the abuse was that no means existed whereby persons of moderate income could obtain efficient treatment and hospital care when ill at a rate which they could afford to pay. The system, or want of system, whereby medical relief is granted to practically all applicants by the voluntary hospitals grew up witnout any combined attempt to organize it efficiently or to check abuses. Such a system rests upon a wrong basis , and the best interests of every class of tne population demand its abolition in favour of one which shall afford the maximum of justice (1) to the poor, (2) to those who can afford to pay in part or in whole the cost of their medical treatment and care at a hospital, (3) to the medical profession, (4) to the subscribers and supporters of voluntary hospitals, whose gifts should be strictly applied to the purposes they were intended to serve, and (5) to the ratepayers, who are entitled to a guarantee that the maximum efficiency is secured by the poor-law system of medical relief. The remedy is very simple and easy of application. Every voluntary hospital, while admitting all accidents and urgent cases needing immediate attention, should institute a system whereby each applicant would be asked to prove that he or she was a fit object of charity.

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G. R. S. 12]

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charity.

* * * * *

There would be no hardship entailed upon the patients by such a system, as experience has proved, but, to make it effective, ~~xxxxx~~ the system of providing for in-and-out-patients in Great Britain, requires radical change

* * * * *

The reform required in regard to voluntary hospitals are that every large hospital shall have connected with the in-patient department, in separate buildings, but under the administration of the managers, pay wards for the reception of those patients who are able to pay some part or all of the cost of treatment; that, as regards out-patients, the existing out-patient department should be abolished; that in substitution for it each hospital should have a casualty department and a department for consultation. In the casualty department every applicant should be seen once, and be there disposed of by being handed on to the consultation department; if his case was sufficiently important, he should then be transferred to some provident or poor-law dispensary, or be referred to a private medical attendant. (pp. 796 & 797)

Note—Cont'd sheet.

for IV

GPR—5,000—26-6-11

6/9/11

8

G. R. S. 12]

General and Revenue Secretariat.

Red File No: 231 of 1913 4.

Serial No.

37 Dictd red file 38 of 1914-15 re the proposal to levy fees in the Minto Ophthalmic Hospital Bangalore is linked to this

Rdn-51
9.9.14
B.C

38 With regard to the remark of the Financial Secretary, "Nor not known whether any of the Local Govts in British India have taken any definite action in the matter," it may be pointed out that action has been taken by nearly all the Local Govts.

39 The references given by the Senior Surgeon show what is practised in Madras, Bombay, Bengal

40 In the ~~extract~~ Report on Hospitals in the Central Provinces, it is stated, by Govt, the question as to whether all patients visiting a hospital supported by public funds shd be entitled to gratuitous medical assistance irrespective of their circumstances has engaged & continues to engage the attention of the administration. at a conference Commissioners held at Lucknow in June 1912 two systems were suggested for levying fees for attendance made payable to persons.

41 Similar in Punjab, Bombay Presidency

NOTE—Contn. sheet.

GPB—65,000—17-5-12.

[G. R. S. 12]

5324/21731

32

General and Revenue Secretariat. | Judl File No. 231 of 1913-4

Serial No.

restrictions are placed.

B 14/9

D. Secy)

Hon'ble

Secy

B 14/9 Secy 16

42 Resubmitted with reference to para. 28. (Diwan's Note)

Diwan's member Diwan

D. M. Rangachar 17/9

43 The proposed rules with the first Secy's Note as them may now be considered at a meeting. As the matter is one of importance I agree with the first Secy that a Select Committee may be as proposed may be appointed to consider the question through & make definite recommendations.

28.9.14.

1816 3.10.14

44 I agree.

45 The personnel named for the Committee seems about the best that can be selected. I should like to add the names of two non-official gentlemen to the Committee. The names may be selected at the next meeting of the Council

NOTE—Contn. sheet.

GPB—60,000—7-11-13

C.S on leave 12/11/14 R.O

17/11/14 14/11 Secy on leave 14/11

For disposal ~~at a Meeting~~. by circulation

32a

No. C. 228

14 11 1914

GENERAL AND REVENUE SECRETARIAT.

Council Matter.

SUBJECT.

~~Appointment of a Committee to examine the~~ Draft rules regulating the issue of medicines in Government Hospitals and Dispensaries in the State.

CIRCULATED TO THE MEMBERS OF COUNCIL.

By Order,

D. M. Narasinga Rao.

14th November 1914.

Offg. *Secretary to Government.*

Extraordinary Member of Council. Opinion recorded by Extraordinary member.

First Member of Council. Seen by the First member 18/11

Second Member of Council. Seen by Second Member.

GPB—1,000—3-2-14

G.R.S. 15]

326

Facing sheet for cases included in the schedule appended to Notification No. 36 of the 8th Aug. 1992

GENERAL AND REVENUE SECRETARIAT

SUBJECT

Appointment of a Committee to examine the draft rules regulating the issue of medicines in Government Hospitals and Dispensaries in the State.

	Date	Initial of officer himself or responsible Deputy
Received in the Secretariat		
Submitted to Secretary		
Submitted by Secretary to Dewan ...		
Do to Member in charge ...		
Returned to Secretary		
Circulated by Secretary for Council ...	14. 11. 44.	
Forwarded by.....Member		
Forwarded by.....Member		
Forwarded by..... ...Member		
Received in Secretariat		
Considered in Council		
Submitted to the Dewan		
Submitted to His Highness		
Orders passed by His Highness		
Final Orders issued		
Circulated to the Members of Council ...		
Extraordinary Member		
First Member		
Second Member		
Returned to Secretary		

GPB—1,000—11-9-14

G. R. S. 12]

General and Revenue Secretariat.

Med File No. 231 of 1913-14

Serial No.

46

Gmail - 25/11.

The file may be circulated for disposal by circulation. No Committee need be appointed for again examining the subject.

Dhru 25/11

47.

Circulated to Members of Gmail.

Dhru aggla 26/11

48 The draft rules now put up do not provide for payment for medical advice or for payment in the case of the in-patients, but only give the rates at which medicines will be issued in the hospitals or dispensaries to those whose monthly income is above Rs.50/-.

49 Generally hospital treatment should be restricted (1) to the poor (2) to cases for the treatment of which no proper facilities exist at home or if other circumstances warrant and (3) to all accidents and urgent cases requiring immediate attention. Those whose social position do not entitle them to claim free medical relief should be made to pay in cases (2) and (3).

50 A declaration as suggested by the Financial Secretary, may (I think) be taken in cases about which the Medical Officer has doubts or no knowledge. A certificate from a Gazetted Officer or from a Member of the Committee proposed to be appointed should be considered enough to admit a man to free treatment.

NOTE—Contn. sheet.

GPB—60,000—7-11-13

G. R. S. 12]

General and Revenue Secretariat. | Med File No. 231 of 1913-4

Serial No.

51 As regards the scale of fees for medical advice and for major and minor operations and the rates for medicines to be charged in the hospitals and dispensaries, I would invite the attention of the Senior Surgeon to the article headed "Madras Hospital" in the issue of the Madras Mail of the 13th November last and ask him whether the same rates could be adopted in Mysore or whether in his opinion they require any modification to suit our conditions and circumstances.

52 For the convenience of persons in the mofussil, not entitled to a gratuitous issue of medicines, rules (a) (b) (c) (d) (e) & (g) of the Notification dated 19th July 1893 may perhaps be adopted with such modifications as are considered necessary.

3 in q. 7 file 437-92

53 In rule (f) the portion "The above rules - - - - - - - - - - - - - - treatment. But" may be omitted. With a view to enforce the proper working of the rules, a committee for each locality, as suggested in the draft rules, may, I think, be formed.

18.12.13

54 The Sr. Surgeon may be consulted [illegible] with reference to the observations made [illegible]

NOTE—Contn. sheet.

GPB—60,000—7-11-13

G. R. S. 12]

General and Revenue Secretariat. | Med File No. 231 of 1913-4

Serial No.

Secretary number above.
When his opinion is received, the whole question may be considered again

1111

27/12 Qua. Dir

55 Whatever we may do in laying down rules, the income from fees to Govt will be inconsiderable; but the worry & annoyance to the Public will be very great. (I am therefore for Continuing the present practice without any alteration).

56 If however fees should be levied, (I think) that all attempts to graduate them according to income should be given up. (E.g. Classes in a Railway are not made to depend on fares proportional to income, but are made to depend on class of Carriage occupied.)

Each hospital & dispensary should have two entrances

GPB—25,000—2-11-14

Serial No.

and two rooms — one shd be styled poor patients' entrance & room & shd give free treatment & the other Paying patients' entrance and room & uniform fees should be levied. If the fees levied are moderate — say 4 As or so — there is no reason to suppose that they will be evaded in the Majority of Cases.

(57 I have no objection to the Senior Surgeon being Consulted again.)

31/12/14

58 Draft consulting the S.S. may be put up

3/1

3/1/15

59. A draft — according to the personal wishes of the Secy is noted.

5/1/15

60 Issued

5/1/15

5/1/15

NOTE—Contn. sheet.

GPB—25,000—2-11-14

General and Revenue Secretariat. | Medl File No. 231 of 1913-14

Serial No.	
2	61 To The Senior Surgeon. Letter No. 5514 dy 12-1-1915 Forwards (1) a set of draft rules on the subject framed by the Dist! Secretary and (2) a memorandum of observations thereon and requests him to favor Govt with his opinion on the rules, with reference to the said observations and a draft of the rules which he may propose for the consideration of Govt.
3.	62 ✓ Letter no: dy 305 dy 27-1-15 from the Senior Surgeon. Returns the draft-rules sent to him vide Sl: 2 with his opinion in the matter and a set of draft-rules which he proposes for consideration of Govt. 63 The Senior Surgeon States that he is ~~the~~ of opinion that the proposal to levy fees in Hospitals may be deferred for some time to come the people get sufficiently educated and advanced in views to welcome the idea. If, however, the experiment is to be tried, he recommends its trial in the public Hospitals & Dispensaries in Bangalore and suburbs. Vide para 2 of his letter & Bul- in para 10

NOTE—Contn. sheet.

GPB—25,000—2-11-11

4725
1731 (38

M. R. S. 12]

General and Revenue Secretariat. | Med File No. 231 of 1913-14

Serial No.

of his letter he requests sanction to the rules being brought into force as a tentative measure for 3 years only in Bangalore.

6 The following are the main points of difference between the rules proposed by the Hl Secy & the draft rules submitted by the Senior Surgeon—

(1) The Hl Secy has suggested a system of declaration to be taken from both in and out-patients. But the Senior Surgeon prescribes the declaration only in the case of in-patients desiring to be treated free of charge in an Hospl or dispensary; all out-patients other than Subscribers will be charged 4 annas for each attendance.

(2) The Hl Secy suggests the appointment of a Committee to supervise the working of the rules, while according to the rules framed by the Senior Surgeon no Committee need be appointed.

Subtd for orders.

Mhn-41 MWS 9/2
6.2.15

65 Submitted with reference Mhn note in paras 54 and 57.

Ex
18/2/15

Dr Secy

66 The rules proposed by the Senior Surgeon have the merit of great

NOTE—Contn. sheet.

GPB—25,000—2-11-14

R. S. 12]

General and Revenue Secretariat. | Med File No. 231 of 1913-4

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simplicity.

67 The first obvious objection is that the rules make payment compulsory in all cases whether rich or poor, which is certainly undesirable. At least all persons whose income is below Rs 25 a month and their dependants should be treated free separate entrance being provided if necessary, as proposed for paying and non-paying patients.

68 As regards the objection to the levy of graduated fees, I may be permitted to point out that it is not correct to regard the fees altogether in the nature of a price paid for medical treatment. In the ordinary course of things a well-to-do and influential patient receives much more attention in the hospital than one belonging to the middle classes. If the former had to send for a medical man to their houses for treatment they would select a man of higher standing than would the latter

NOTE—Contn. sheet.

GPB—25,000—2-11-14

and pay him proportionately more and would not prefer purchasing even costly medicines if prescribed.

69) In providing the staff for all important institutions that have to select among the highest skill such as could advisedly be chosen to attend on themselves even by the wealthiest persons in the locality. The proper test to apply in such cases in fixing the fee to be levied is not what would be a fair price to pay for the treatment received—a very uncertain factor but what would the person have advisedly to spend if treated for the same disease in his house. It is on this principle that graduated fees have been levied in every institution that I know of and it is the only principle to be adopted if the levy of fees

GPB—25,000—2-11-14

(41

R. S. 12]

General and Revenue Secretariat. | Med File No. 231 of 1913-14

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is to yield any income which would pay in any appreciable extent towards ~~the~~ the cost of special professional establishment and appliances required for such hospitals. I may also point out that if treatment in special wards is to be provided for all patients at ~~the~~ a small fee of Rupees two and are ~~in~~ prepaid it will lead ~~to~~ practically to an ~~free~~ ~~standard~~ ~~practice~~ private practice ~~free medical practitioners~~.

70) The system may for the present be introduced only into the cities of Bangalore & Mysore & gradually extended to other parts of the State.

71) The fees to be levied in the Victoria Hospital Ophthalmic Hospital the Maternity & similar hospitals should be higher than those levied in Dispensaries.

72) All persons whose income is below Rs 25 and their dependants to be entitled to free treatment as outdoors and those whose income is below

NOTE—Contn. sheet.

GPB—25,000—2-11-14

G. R. S. 12]

General and Revenue Secretariat. | Fwd File No. 2 31 of 1913-14

Serial No.

rupees fifty to free treatment as ~~outpatients~~ in patients

73) Subscribers to a Hospital a Dispensary at the following rates to be entitled to free treatment (including medicines and minor operations) as outpatients.

	Hospital Subscription per month	
For incomes above Rs 50 and below Rs 100	Victoria Hospital etc Rs 3	Dispensaries Rs 2
For incomes above Rs 100 and below Rs 200	Rs 4	Rs 3
Rs 200 and below Rs 400	Rs 5	Rs 3
Above Rs 400	Rs 6	Rs 4.

74) In the case of in patients the rates to be fixed should approximate those now paid for such servants even in the case of private persons - Persons whose income is above Rs 50 and below Rs 100 may, as proposed be charged 8 as a day & those between 100 and 150 Rs 1-8-0 and between 150-200 Rs 2 a day. For persons whose income is above Rs 200 higher rates will have to be fixed.

NOTE—Contn. sheet.

GPB—35,000—2-11-14

4/45
1731
(43

General and Revenue Secretariat. | Ined File No. 2 3 / of 1913-14

Serial No.

75) In certain specified cases special fees may also be charged.

76) The measure will no doubt be highly unpopular in the commencement but without it no independent private institutions are likely to spring up & the cost of medical relief which increases with the growth of population & resources will tend to be thrown more and more on the Central Govt.

L
28/2/15

Secy

77 If the suggestions made above are approved a draft will be put up for consideration.

78 The matter has to be further considered in Council

L
5/3/15

Extraordinary Member

L
5/3/15

NOTE—Contn. sheet.

GPB—25,000—2 11-14

G. R. S. 12]

General and Revenue Secretariat. | med File No. 23/ of 1913-14

Serial No.

79 Though the opinions obtained from some Government Officers and non-official gentlemen are divided, yet as the expenditure on account of medical relief

(1) is growing with the increase in population, it seems best to levy fees from well-to-do persons who resort to public hospitals and dispensaries in the State. But to begin with, as suggested by the Senior Surgeon the system may be introduced in the cities of Banga-

(2) lore and Mysore and then gradually extended if considered feasible.

80 For reasons stated by the Deputy Secretary, the levy of graduated fees would, I think, be the proper

(3) course to take in the case of well-to-do persons. (paras 68 & 69 of Deputy Secretary's notes)

81 The system of levying graduated fees is in vogue elsewhere in India and I do not see why we should apprehend any great difficulties in introducing it here. In the case of Government servants, their monthly income is easily found out. But in the case of others some difficulty may be experienced. But as in the Bombay Presidency if dispensary or hospital committees are appointed, a list of persons who can afford to pay may easily be prepared. Any doubt experienced by the Medical Officer ~~of the~~ in charge of institution may be referred to the committee for decision.

82 Emergencies will, of course, be attended to free of charge.

NOTE—Contn. sheet.

GPB—60,000—7-11-13

(45

G. R. S. 12]

General and Revenue Secretariat. | Ind File No. 231 of 1913-14

Serial No.

93 If the general principle of making those who can afford to pay, pay for the medical relief is accepted, the question of fixing rates of fees is, I think, best done by a committee.

94 I note below what strikes me as a fair scheme for levying fees.

Out-patients.

± All persons whose monthly income from all scurces is Rs.25/- and below and their dependants may obtain free medical advice and treatment.

Every other person should be charged at the rate of 4 annas for each attendance.

Subscribers to a hospital or dispensary at the following rates may, as suggested by the Deputy Secretary, be entitled to free treatment.

	Subscription per month.	
	Victoria Hospital &c.	Dispensaries
For income above Rs.50 and below Rs.100	Rs.3	Rs.2
For incomes above Rs.100 and below Rs.200	4	3
Rs.200 and below Rs.400	5	3
Above Rs.400	6	4

In-patients.

All persons whose monthly income from all sources is Rs.50/- and below and their dependants may be admitted free in the Hospital or dispensary.

Every other person who is admitted into the general wards of a Hospital or Dispensary, should, I

NOTE—Contn. sheet.

GPB—60,000—7-11-13

G. R. S. 12]

4725/46

General and Revenue Secretariat. | Med File No. 23/ of 1913-4

Serial No.

I think, be made to pay as follows.

Income	Rate.
Rs.50 to Rs.99	Rs. 0- 8- 0
Rs.100 to Rs.149	0-12- 0
150 to 199	1- 0- 0
200 to 300	2- 0- 0

Infants under three years free

Children from 3 to 8 years $\frac{1}{8}$ rate

" 8 to 15 " $\frac{1}{4}$ "

" above 15 till 21 $\frac{1}{2}$ "

85 Persons getting an income of Rs.300 and above should go to the special wards and pay fees according to the rates laid down there.

86 As regards special pay wards, the charges now in force in the Victoria Hospital seem to be all right.

20.3.13

87) Draft submitted for approval

18/3/13

88) I have put up a draft

NOTE—Contn. sheet.

G P B—60,000—7-11-13

G. R. S. 12]

4775 (47

General and Revenue Secretariat. | Med File No. 23/ of 1913-4

Serial No.

order for facilitating consideration of the case. If it is approved the file will be circulated to Council. A statement showing the various proposals has also been put up by the Officer

13/4/14

Subsidiary Secretary

89 The draft Government Order is approved; but the rules are slightly ~~modified~~ for reasons recorded ~~hereunder~~. A revised copy of the rules is put up.

I (ii) A fee of four annas is prescribed for each attendance. The medicine given may be for one or more days. To make it more definite, the addition is made. If only medicine is repeated and no advice given, it seems reasonable to charge half - fees.

(iii) With regard to subscribers whose income is above Rs.400/- and does not exceed Rs.500/-, a monthly subscription of Rs.6/- in the case of hospitals and Rs.4/- in the case of dispensaries seems sufficient; and for those whose income is above - Rs.500/- a subscription of Rs.8/- and Rs.6/- respectively is fixed.

NOTE—Contn. sheet.

GPB—25,000—2-11-14

5521

General and Revenue Secretariat. | Med File No. 231 of 1913-4

Serial No.

III(d) In-patients whose income is above Rs.300.

Where there are no special wards attached to a hospital or dispensary or when accommodation in such wards is not available, the patients will have to be admitted to the general wards. The fees for general wards should, I think, be always a little less than the fees prescribed for special wards. To meet such cases 75% of the fees for special wards is suggested.

(e) It is only right that patients who require special nursing or for whom special arrangements are made should be made to pay for such.

(f) Emergent cases will be admitted promptly and given immediate attention. At the time of admittance no payment need be demanded. But the patients may, I think, in due course be held liable for payment of fees according to the rules.

III. A new rule is added on to meet the cases of persons who make endowments towards the construction of a Hospital or Dispensary. They and the members of their family actually dependant on them may be given free medical advice and treatment in such hospital or dispensary.

90 The file may be circulated to the other Members of Council.

5. 5. 15.

D.O No: 270 of 17.4.15 from Mr. M. A Singaracharlu to Dr. Sec. Joseph Thomas also planned in file.

NOTE—Contn. sheet.

91 For favour of circulation

7/5/15

GPB—23,000—2-11-14

G. R. S. 12]

General and Revenue Secretariat.

2nd File No. 231 of 1913-4

Serial No.

92 approved. It is not known whether the request is going to be placed before a meeting of Gen Council.

15/8

1715

93 I am for adopting the Senior Surgeon's rules.

If the more stringent rules proposed in the drafts put up are to be preferred, some alterations are necessary. The monthly subscriptions are too high & may be reduced to half the rates proposed — in no case to exceed 5 Rs. There are too many gradations for in-patients & they may be reduced.

8/6/15

94 The matter may perhaps be considered at a meeting

Dewan

2802
11.6.15

NOTE—Contn. sheet.

GPB—25,000—22-3-15

GPB—1,000—19-7-13

95

Extract from the Proceedings of the 360th Meeting of the Council of His Highness the Maharaja, held at Bangalore on the 8th September 1915.

8. SUBJECT. - (Clause viii of the Schedule).

Draft rules for regulating the issue of medicines in Government Hospitals and dispensaries in the State.

OPINION OF THE COUNCIL.

The proposals of the Senior Surgeon may be approved with one exception, viz., the fee may be reduced to two annas.

Sd. M. Visvesvaraya.
Dewan of Mysore

"Extract"

D-M-narasimha Rao 9/10.

Secretary to Government,
General Department.

R. S. 12]

General and Revenue Secretariat.

Inward File No. 231 of 1913-14

Serial No. 96

Final Note & draft Libraries Note accompany the file.

Dewan

Dewan Rao
2/9

1735
27-9-15

NOTE—Contn. sheet.

GPB—25,000—22-3-15

52

97

FINAL NOTE.

Draft in appendix

The accompanying draft order explains the necessity that has arisen for introducing a change in the administration of medical relief in the State Hitherto medical treatment including advice and the supply of medicine, was free of charge to rich and poor alike. But it is proposed to gradually introduce a system of payment of fees, which, while not interfering with the poor, who alone are entitled to gratuitous relief, aims at securing from those who can afford to pay some return for service rendered. For the present, the scheme is intended to be tentative, and to be tried only in the cities of Bangalore and Mysore for 3 years. It may however be stated that the system is not peculiar to Mysore, but is in force in several British Indian Provinces where it has been reported to be working satisfactorily.

Page 11 of Appendix

Encl — I —

2. The rules appended to the order are the same as those framed by the Senior Surgeon with one exception. The Senior Surgeon had proposed to levy fees at the rate of 4 annas for each attendance; but the Council was of opinion that it might be reduced to two annas. This includes the cost of medicine for a day and can by no means be deemed high. Further, exemption from payment is provided in the case of persons whose income from all sources is less than fifty rupees and also in emergent cases It will thus be seen that the rules have been framed

Page 50 of office note.

in a liberal spirit and that they are not likely to cause hardship in any case.

The proposed rules do not affect those issued with Government Order No.7332-72/Med.89-06-57 dated 24th February 1910 under which Government servants and certain other persons are entitled to free medical aid.

23.9.15.

54

9/ Submitted to His Highness.

* Hy. S.

I submit herewith a Final Note by the Extraordinary Member on the subject of levy of fees in the hospitals and dispensaries in the cities of Bangalore and Mysore as a tentative measure for 3 years. The note explains the scope and object of the proposed rules, and although they mark a departure from the system we have hitherto pursued, it is expected they will not operate with undue hardship in any case, regard being had to the very liberal concessions made in favour of the poor and in emergent cases. In these circumstances, I solicit the gracious approval of His Highness to bring the rules into force from 1st January 1916.

M. Visvesvaraya
15-12-1915

MR

475/55

Record of Cases submitted for the Orders of His Highness the Maharaja.

Subject.

? 7 Levy of fees from patients resorting to the hospitals and dispensaries in the Cities of Bangalore and Mysore, tentatively, for three years from 1st January 1916.

417

Order.

~~KRM~~
13/11/15

KRM
2.12.15.

J Sanders
14.11.15
Rao
16/11

1.1)
Please check this draft-ms here shew me before issue
16/11

Well
3/12

5/12/15

102)

List of points requiring orders in the File (Rev 231/13 6) regarding levy of fees from patients resorting the hospitals and dispensaries in the cities of Bangalore and Mysore tentatively for 3 years from 1st January 1916.

- - - - -

draft for approval

*

1. The draft order placed in the file was prepared on 13th April 1915, and has been approved by the Extraordinary Member and Dewan on 6th May and 9th November 1915 respectively. Since then some small changes have become necessary and approval is now solicited to the same.

Points:-	Alterations proposed and Remarks.
(i) Date from which order should take effect.	Changed from 1st July 1915 to 1st January 1916 in accordance with His Highness' orders.x
(ii) Whether Government servants should continue to receive free medical treatment or not.	A sentence added that the proposed rules do not affect those issued with the G. O. of 24th February 1910. Vide para 3 of Draft Final Note. (Page 53 of the notes)
(iii) Whether the uniform rates prescribed in Rule 6 of the rules apply also to the special pay wards of the Victoria Hospital for which a graduated scale is provided in G. O. 9594-5 Med 53-08-8 dated 2nd April 1909.	The answer is probably in the negative, and a note has accordingly been added to Rule 6⊗ to that effect in the draft.
(iv) Whether the rules should be operative only in Bangalore or both in Bangalore and Mysore.	In para 2 of the Senior Surgeon's letter No. G. 305 dated 27th January 1915 he states he has no objection to the experiment being tried in both Mysore and Bangalore, but later in para 10 he proposes Bangalore only.

x Page 55 of the notes

⊗ S V2J

* Paper under proposal

(57

The recommendation and orders of His Highness are that it should be tried in both places.

2. If the alterations made are approved, they may kindly be initialled in the proper places.

3. Orders are also solicited whether the order may be printed, and published in the Gazette.

Secy)

M S Rama Chandra Rao
20/11.

103) The draft order & rules as altered in red ink will be submitted for signature. The order will also be published in the Gazette

Drafting member).

Duncan G Rae
21/11
Hon
22/11

104) approved.

D Raw
23.11.15.

105) Secy

Hon
23/11

(58

-. R. S. 12]

General and Revenue Secretariat. | Secs File No. 231 of 1913-14

Serial No. 4

106) To The Senior Surgeon.
Other Heads of Departments.
Deputy Commissioners of Districts.
{Residents of the Bangalore Mysore
{City Municipal Councils.
The Compiler, Mysore Gazette.
Gpt. No. 3820-70 dated 26-11-15:
Prescribes Rules for the levy of fees in Hospitals & Dispensaries in the Cities of Mysore & Bangalore tentatively for three years from 1st January 1916.

NOTE—Contn. sheet.

GPB—20,000—30-6-15.

Fern Hill, Nilgiris,

D.O.No. $\frac{270}{2}$(1474pp)

17th April 1915.

My dear sir,

With reference to the draft order put up in regard to the levy of fees in Hospitals and Dispensaries, I am directed to request you to kindly furnish,as early as possible, information on the following points:

(1) Out-patients. with regard to subscribers, a scale of fees has been proposed limiting the maximum - payable to Rs.6/- in the case of big hospitals and to Rs.4/- in the case of dispensaries. It is not understood why the graduated scale is not continued in the - case of subscribers whose monthly income is above - - Rs.400. Reasons if any, may kindly be noted in detail.

(2) In-patients. A declaration form is insisted in the case of those whose income is less than Rs.50/-. The Medical Officer of the Institution will refer to -

the Senior Surgeon cases in which he has reason to doubt the correctness of declaration. The Extraordinary Member suggested the appointment of Hospital and Dispensary Committees, to whom such doubts were proposed to be referred. It is not clear why no mention of the formation of the said Committees is made in the draft order and why Senior Surgeon is proposed to be the referee instead of a Committee.

(3) Attention is invited to the last para of the Dewan's address to the Dasara Representative Assembly delivered on 8th October 1897. H. H. the Maharani C.I., while laying the foundation stone of the Victoria Hospital, appears to have expressed that the Hospital should be maintained as "A permanent State Charitable Institution, in commemoration of the long and glorious reign of Her most Gracious Majesty the Queen Empress of India". Will not the levy of fees in the said Institution now be contrary to the desire expressed then? Your opinion in regard to this matter

is solicited.

Notes as well as the draft order are forwarded herewith for reference The remaining portion of the file is retained here.

Yours sincerely,
M A Sivaramaiah

P.G. D'Souza, Esq., B.A., B.L.,

Deputy Secretary to Government of Mysore,

B a n g a l o r e.

58 B.

D. O. No. 8366 / 2 31-13

GENERAL AND REVENUE SECRETARIAT.

Dated Bangalore, 28th April 1915.

Dear Mr. Singrachar,

In reply to your D.O. letter of the 17th instant, I note below my views on the several points raised in connection with the proposal to levy fees in hospitals from persons who can afford to pay for medical relief.-

(i) The reason why the maximum for subscribers was fixed at -- Rs.6/- for hospitals and Rs.4/- for dispensaries is this -

Persons whose monthly income is Rs.400/- and above are not -- ordinarily expected to seek treatment as outpatients in hospitals, as they generally have their own family doctors to attend upon all ordinary cases of illness in their houses. The First Member also suggested that it would not be correct in principle to graduate the fees according to income and though this argument is open to some obvious objection, yet, it was thought that the maximum should be - so fixed in the case of outpatients as not to represent a disproportionate charge to the service done. If a higher rate than the one suggested in the draft is fixed, we shall be indirectly compelling well-to-do persons to avoid becoming subscribers. Anyhow, on further consideration, I think that, for persons whose monthly income exceeds Rs.400/- but not Rs.500/- the subscription may be fixed at Rs.8/- for big hospitals and Rs.6/- for dispensaries and --- Rs.10/- and 8/- respectively as a maximum in other cases, i.e., of persons whose monthly income is Rs.500/- and above.

(ii) From enquiries made, I understand that Hospital Committees in Madras and Bombay are not working quite satisfactorily and not a little inconvenience is felt in convening meetings and making -- the members - especially non-official members - attend them. In

In a big City like Bangalore or Mysore it is not possible to prepare lists of perons who are entitled to gratuitious treatment and also according to income. The procedure -- suggested in the draft aims at prompt settlement of the -- question and is intended to minimise inconvenience and annoyance. If any trouble is caused by the hospital staff, such instances can be easily dealt with. If necessary, Committees may be tried in the case of dispensaries, but it seems desirable in the beginning to make the procedure as simple as pos sible. If, however, the Extraordinary Member is pleased to think that Committees would be better, the details may be - easily worked out and inserted in the draft.

(iii) The desire expressed by Her Highness the Maharani while laying the Foundation Stone of the Victoria Hospital is no doubt entitled to the highest consideration and respect, but I do not think that the levy of fees as proposed will be inconsistent with its character as "A permanent State charitable Institution". Since the year 1909 Pay-wards have been opened in the Victoria Hospital and what is now proposed is merely to extend the system to all who are actually able to pay. The Institution will afford gratuitious assistance - to the really poor and will thus be always a charitable institution. If we do not charge any fees in the Victoria Hospital, it will be impossible to levy it in other institutions. All the dispensaries in the town will be abandoned and every one will flock to the Victoria Hospital.

2. If you kindly communicate to me the Extraordinary - Member's further wishes in the matter, I shall put up a revised draft.

3. I regret the delay in returning the file which was due to the difficulty in tracing the original file, relating to the Victoria Hospital.

Yours sincerely,

58c

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3. I regret the delay in returning the file which was due to the difficulty in tracing the original file relating to the Victoria Hospital.

Yours sincerely,

Puttanna Chetty

To

M.A. Singrachar, Esq., B.A., (with notes & order)

(Do. From No 28.)

59

No. G. 400
Encs. 1.

Office of Senior Surgeon, Mysore Govt.,

Dated, Bangalore, 25 - 3 - 1914.

D 5574/

From Rao Bahadur T.V Arumugam Mudaliar, Esq., M.B.C.M.,
~~P. S. Achyuta Rao, Esquire,~~
Senior Surgeon with the Government of
H. H. the Maharaja of Mysore, Bangalore.

To

K. R. Srinivasa Iyengar, Esq., M.A.,
Secretary to the Government of
H. H. the Maharaja of Mysore, Genl. and Rev. Deptts.,
Bangalore.

Rev 2 31-13 Se: 1

Sir,

LEVY OF FEES IN THE HOSPITALS FROM WELL-TO-DO PATIENTS.

In the matter of the marginally noted subject, which was referred to me for report in consultation with certain officers and non-official gentlemen, I have the honor to state as follows:-

1. With the exception of Colonel Foulkes & Dr. Ramasamy Iyengar, who represent the professional side of the case, the others, including Dr. P.S. Achyuta Rao, are not in favour of the proposal to charge fees for medical treatment whether as in-patients or as out-patients, except in cases where special accommodation and comforts are provided, as in the pay wards of the Victoria Hospital. According to them the treatment of the sick is an act of charity and the very idea of expecting a return from the patient is revolting to the Hindu mind.

2. There is considerable divergence in the practice obtaining in the British Indian Provinces. In Bengal, for instance, all persons attending a charitable dispensary are entitled to free treatment. But the Medical Officers are required to bring to the notice of the Committee cases where the privilege is abused by a well-to-do person seeking for gratuitous supply of medicines. Persons who are not poor are ex-

pected

From

THE SENIOR SURGEON

WITH THE GOVT. OF MYSORE,

Bangalore.

To

THE SECRETARY

TO THE GOVT. OF MYSORE,

G. & R. DEPTTS., BANGALORE.

Dated 25-3-14

Despatched

Received

General No. G. 400.

No.

Enclosure No. 1.

SUBJECT.

Submitting opinion on the scheme of levying fees in the Hospitals from well to-do patients.

expected to become subscribers to the dispensary or to pay for the medicines supplied.

In Bombay, out-patients, paying a land revenue of Rs 300 or more per annum to Government, or in receipt of an annual income of Rs 500 or above from land or other sources and all servants whether of Municipalities, Local Boards, Companies or Firms drawing a pay of Rs 40 or more per month, have to pay a fee of 1 Re. for the first consultation and 8 annas for each subsequent consultation. Medicines are also charged for according to a scale laid down, the minimum being annas 3 including the cost of an ordinary bottle. In-patients do not pay any fees at present, but the subject of charging fees in their case is under consideration.

In Madras, treatment whether as in-patients or as out-patients is free in the mofussil Hospitals and Dispensaries. But in the Medical Institutions in the Presidency town, fees are levied from in-patients whether admitted into the general wards or into the special wards.

3. The introduction of the system of levying consultation fees from out-patients involves some practical difficulties. Except persons in Government employ, the others (with perhaps a few honourable exceptions) will try their very best to avoid the payment by not giving out the true figure of their income. Again, in consideration of the fact that the patients see the medical man in a public institution, the rates of fees for consultation must - if at all - be fixed at a much lower figure than what is usually charged by private practitioners, and this will be prejudicial to the interests of the latter. Similarly, Government cannot expect a large profit by the sale of medicines and fixing low rates would be equivalent to underselling the Chemists and Druggists - that is to say, discouraging private enterprise. Thus, the introduction of the system, while evoking popular discontent on the one hand, will be a source of dissatisfaction to private medical practitioners and Chemists & Druggists on the other.

Eve Sheet 231-13-1

62

PRECIS OF OPINIONS.

MR. S.R. BALAKRISHNA RAO.

Letter dated 13-2-14.

(Not in favour of the proposal.)

1. Every citizen contributes to the general revenues, from which the Medical Institutions are maintained. It is therefore not proper to ask him to pay for the treatment he may receive in them.

2. From ancient times medical relief is looked upon as an act of charity. The very idea of levying fees for advice and for medicines is repulsive to the Mysorean mind. It is likely to shake the faith of the people in the intentions of Government.

3. The income that may be expected will be disproportionately small as compared with the cost of maintenance of these Institutions.

4. It is difficult to ascertain the income of men outside the Government Service.

If, however, it is decided to adopt the scheme of levying fees, the following scale is suggested,-

i. Men whose monthly income is Rs 50 & under, may be considered as poor and given gratuitous treatment.

ii. Men whose income is above Rs 50 and does not exceed Rs 150 may be charged for medicines only, advice being given free.

iii. Persons with a monthly income of over Rs 150 be charged both for advice & for medicines.

Rates

4. As regards charging fees from in-patients, wherever special accommodation is provided, as in the Victoria Hospital, Bangalore, the rates already laid down by Government, which are fair, may be introduced in all the District Head Quarter Hospitals. For treatment in the general wards, the levy of fees from well-to-do people will be very difficult to enforce, as it will not be easy to ascertain the income of a patient except when he is a Government servant. The humiliation which a well-to-do man will suffer in the eyes of the poor, should he try to obtain gratuitous treatment in these places of charity in common with the latter, will act as a sufficient safe-guard against the former resorting frequently to public hospitals for free treatment as an in-patient.

5. Considering all these circumstances, it seems best to leave matters as they are, at least for some years to come, till the general public get sufficiently educated and advanced in their views and their material condition is improved to make them welcome the idea of paying for medical service rendered.

6. Should, however, the Government be inclined to try the experiment, I would propose the following scale of fees in the case of in-patients treated in the general wards-

In the case of the poor, i.e., persons whose monthly income is below 50 Rs	...	No fees.
50 to 99 Rs	...	0- 4-0 a day.
100 to 149 Rs	...	0- 8-0 "
150 to 199 Rs	...	0-12-0 "
200 & above--	No admission into the general wards.	

In each case the patient or his parent or guardian should be made to sign a declaration that he is either poor and entitled to gratuitous treatment or that his monthly income does not exceed the figure given by him.

7. A precis of the opinions of the several gentlemen consulted in the matter, is appended for easy reference.

I have the honor to be,
Sir,
Your most obedient servant,

S V Chinnaiyan

Senior Surgeon, Mysore Government.

Rates.

Medicines to be charged at cost price- maximum being one anna per dose.

Prescriptions to be charged according to the nature of complaint. The maximum may be Rs 5 per case and the minimum 8 annas.

Operations- (major) from Rs 5 to Rs 15, and (minor) from Re. 1 to Rs 3/-.

-----oOo-----

MR. B. NARASIMGA RAO.

Letter dated 10-2-1914.

(Condemns the scheme.)

1. Any departure from the established practice of giving gratuitous relief to suffering people will be keenly felt by the people at large.

2. Very few will avail themselves of treatment as in-patients in places other than District Head Quarters, even if such is possible.

3. Except the cost of medicines, the other charges are always borne by the in-patients whenever they can afford it.

4. The Druggists' charges are themselves unreasonable- and so the idea of charging for prescriptions & referring patients to a Druggist is ill-suited to the conditions of a poor country like Mysore.

5. The task of finding out the social position of the patient will occupy most of the time of the Medical

Medical Officer and the duty will be unpleasant to him and annoying to the patient.

6. It will amount to offering a premium for quackery, since quacks are even now thriving in spite of Hospitals and Dispensaries.

7. Charging fees will make English treatment more unpopular.

8. Famine rates of food-stuffs are prevailing, and this additional burden will be hard on the public.

If fees should be levied, then persons whose monthly income is Rs 200 or less may be considered as poor. Others may be charged at 1 Re. a day when they seek admission as in-patients.

No fees to be levied for mere prescriptions, under any circumstances.

------oOo------

DR. P.S. ACHYUTA RAO.

Letter dated 11-2-14.

(For leaving things as they are.)

1. To ascertain the income of the people coming for treatment will necessitate an inquisitorial investigation, which will be resented by them.

2. It is the fatly paid officers that demand free medical attendance and treatment, and a great deal

deal of friction and worse may result if the Medical Officer should demand fees.

4. In mofussil places it may subject parties to annoyance and difficulties.

5. Outside the cities of Bangalore and Mysore, it will be futile to expect the supply of medicines elsewhere than at the Government Dispensary.

Therefore, give gratis treatment to all those who attend the hospital personally, considering them as paupers, and leave it to the Medical Officer to charge or not - for the treatment of patients at their houses according to their means.

------oOo------

Colonel T. H. FOULKES, I.M.S.,

Letter dated 9-2-14.

(Thoroughly in agreement with the general principle of making well-to-do people pay.)

The details, however, are difficult to carry out in practice.

1. The Hospital staff may not know the private circumstances of people coming for treatment. Persons of means may come in poor disguise.

2. Unscrupulous hospital subordinates will get a handle to extort money from even the poor.

3. Even the method of asking men of means to be monthly subscribers to the Institutions may not work well- Men will wait till they are actually

actually ill and then drop away after they get well.

4. Even if small fees be levied for prescriptions & medicines, it will mean that poor patients will be robbed of the time and energy of the Medical Officers.

5. It is also not proper for the Government to undersell the local Chemists or Private Practitioners, both of whom cannot thrive if Government should step into their shoes.

It is, therefore, safer to let people to understand that a hospital is a place of charity and that a well-to-do person has no right to expect treatment there.

------oOo------

DR. S.V.RAMASAWMY IYENGAR.
Letter dated 19-2-14.
(Is in favour.)

1. People who do not hesitate to pay Court fees and Lawyers' fees, do not deserve help in avoiding Doctors' fees.

2. A person able to spend for a conveyance ought to be able to call in medical aid privately.

3. The present low pay of Medical Officers is justifiable only if conditions affording them private practice, are present.

4. If all patients have to be treated in Hospitals free, then the pay of medical men should be raised.

5. The proposal is a move in the direction of fulfilling the gracious desire of His Highness, expressed in the following words when he opened the Minto Hospital-

> "I should like to see more private Medical Practitioners in the State and I am anxious that both in the matter of sanitation and education my people should rely more and more on themselves."

Rates for out-patients-

Persons with a monthly income of Rs 30 and under to receive gratuitous advice and medicines.

If above 30 and up to 49, advice alone free.

From 50 to 99, to pay for advice @ 8 annas.

From 100 to 149- -do- @ 12 As.

From 150 to 200- -do- @ 1 Re.

In-patients-

Persons in receipt of less than 60 rupees- to be treated gratuitously.

From 60 to 99 ... ·8 As a day

100 - 149 ... 12 As "

150 - 200 ... 1 Re "

Persons getting over Rs 200 a month, not to receive treatment in Hospitals at all.

------:oOo------

MR. H. RAMAIYA.

Letter dated 11-3-14.

(Not in favour.)

1. Although English system of medicine was introduced several years back, yet it has not become sufficiently

sufficiently popular and more than half the population resort to Ayurvedic or Unani treatment. Therefore, the time has not arrived to charge fees for prescriptions given in hospitals.

2. Even private Chemists do not charge for prescriptions. Their charges for medicines include fees for consultation also.

3. The differentiation of poor and well-to-do people is a very difficult task. What the people themselves say cannot be depended upon nor can the work be left to Medical Subordinates.

4. Well-to-do people secure the required medical aid in their own homes and if that be not possible they get themselves admitted into the special pay wards. When they cannot get accommodation in the special pay wards, and are forced by circumstances to mix with free patients in the general wards, it would be unfair to demand payment.

5. So, if it is the intention of Government to charge in-patients of the well-to-do class, then small independent wards ought to be made available.

6. Government once considered the question and gave it up as unworkable.

------oOo-------

MADRAS.

Letter No. 87 dated 11-2-14 from the Personal Assistant to the Surgeon General- Madras.

Fees are charged for in the case of well-to-do people (i.e., with an income of 25 Rs and more per month) seeking treatment as in-patients and only prescriptions are given free, but not medicines, to well-to-do out-patients (i.e., those whose monthly income is Rs 60 or more.) This rule is applicable only to the Institutions in the Presidency Town.

2. In other places, treatment in Hospitals is free, alike to the rich and poor and at present there are no orders authorising the Medical Officers to refuse treatment when well-to-do people go to Hospitals for treatment.

------oOo------

BOMBAY.

Letter No.236 dated 9-2-14, from the Personal Assistant to the Surgeon General, Bombay.

All persons paying a land revenue of Rs 300 and upwards per annum and all persons whose income from land or other sources is Rs 500 and above per annum and all servants whether Municipal or Local Boards or of any Firm drawing Rs 40 per month, who may attend Government Dispensaries for medical advice and treatment for themselves or their families, shall pay 1 Re. for first consultation and 8 annas for each succeeding consultation

consultation and 3 annas for medicines including an ordinary bottle and anything else prescribed.

2. In places where there is no qualified practitioner, a single person may compound for the above charges, by a yearly payment of Rs 3 and Rs 2 per head for each member of his family, which covers consultation fees at the dispensary and charges for medicines prescribed. Payment may be made at any time in the year, but will exempt from liability only up to the end of the following March.

3. In places where there is a qualified private practitioner, the composition fees shall be fixed with due regard to the encouragement of private practice and discouragement of the use of dispensaries by persons able to pay for advice.

4. The subject of fees to be levied from in-patients at Government Hospitals, is under consideration.

------oOo-------

BENGAL.

Letter No.1646 dated 3-2-14 from the Inspector General of Civil Hospitals, Bengal, Calcutta.

The admission of well-to-do people into Hospitals for gratuitous treatment, is always discouraged.

Rule 38 of the Dispensary Manual lays down that-

> "Any person attending at a charitable dispensary is entitled to receive advice and medicines free of charge; but the Medical Officer should impress

impress upon any person who is not poor, the duty of subscribing to the dispensary or paying for the medicines supplied to him and should bring to the notice of the Committee any cases in which the privilege is abused.

--------o0o--------

D V Thimmaiah

Senior Surgeon, Mysore Govt.

G. R. S. 26] 7/1

File No. 231-13
Serial No. 2

Diary No. of letter replied to 5541

Two copies of the draft & enclosures herewith typed.

Ans. 3
No. 5541
Med 231-13-A
P 1124-15

General and Revenue Secretariat
(Med)
, the 191 .

To
The Senior Surgeon

Date of issue 12.1.15

Signed by for G. Srinivasa Rao

Sir,-

With reference to your letter no. G 400 of the 25th March '14 reporting on the question of introducing into the State of the System of Levying fees ~~from~~ in Hospitals and Dispensaries from persons who can afford to pay for medical relief, I am directed to forward herewith (1) a set of draft-rules* on the subject framed by the Financial Secretary (to be kindly over.

* Pages 21 to 24 of the notes.

SUBJECT.

73

returned) and (2) a memorandum of the accompanying observations thereon and to request you to be so good as to favour Govt with your opinion on the Seeds prohibited rules with reference to the said observations contained in the said memorandum together with a draft of the rules which you may propose for the consideration of Govt.

I have &c

Ex 5/1/15
Offg Secy

Bn-51
5.1.15

* Notes of the Extraordinary member & the 1st 4 members to be included in the 7 cases with slight alterations as indicated in pencil in paras 48 to 53 & 56 of the notes.

List of enclosures

Copied by

Examined by

GPB—25,000—4-3-13

Enc to med 231-13-2

I.

Memorandum of observations on the rules regarding levy of fees for treatment in Hospitals, framed by the Financial Secretary to the Government of Mysore.

The draft rules now put up do not provide for payment for medical advice or for payment in the case of the in-patients - but only give the rates at which medicines will be issued in the hospitals or dispensaries to those whose monthly income is above Rs.50/-.

Generally hospital treatment should be restricted (1) to the poor (2) to cases for the treatment of which no proper facilities exist at home or if other circumstances warrant and (3) to all -- accidents and urgent cases requiring immediate attention. Those whose social position do not entitle them to claim free medical - relief should be made to pay in cases (2) and (3).

A declaration as suggested by the Financial Secretary may be taken in cases about which the Medical Officer has doubts or no knowledge. A certificate from a Gazetted Officer or from a --- member of the Committee proposed to be appointed should be considered enough to admit a man to free treatment.

As regards the scale of fees for medical advice and for major and minor operations and the rates for medicines to be charged in the hospitals and dispensaries, the attention of the Senior Surgeon is invited to the article headed "Madras Hospital" in the issue of the Madras Mail of the 13th November last and ~~ask him~~ whether the same rates could be adopted in Mysore or whether ~~in his opinion~~ they require any modification to suit our conditions and circumstances.

3/

No. 159/ 8
G.7437-92)
19-7-93

For the convenience of persons in the mofussil, not entitled to a gratuitous issue of medicines, rules (a) (b) (c) (d) (e) and (g) of the Govt. Notification dated 19th July 1893 may perhaps be adopted with such modifications as are considered necessary.

In rule (f) the portion " The above rules .... treatment. But " may be omitted. With a view to enforce the proper working of the rules, a committee for each locality, as suggested in the draft rules, may, perhaps ~~electrine~~, be formed.

E.S. ~~.....~~

For Offg: Secretary to Government.

G.K.V.-3.

Draft Rules

II.

Memorandum of observations on the rules regarding levy of fees for treatment in Hospitals, framed by the Financial Secretary to the Government of Mysore.

Whatever we may do in laying down rules, the income from fees to Government will be inconsiderable, but the worry and annoyance to the Public will be very great.

If, however, fees should be levied, ~~that~~ then all attempts to graduate them according to income should be given up (e.g., classes in a railway are not made to depend on fares proportional to income, but are made to depend on class of carriage occupied). Each hospital and dispensary should have two entrances and two rooms -- one should be styled poor patients' entrance and room and should give free treatment and the other Paying Patients' entrance and room and uniform fees should be levied. If the fees levied are moderate -- say 4 annas or so, -- there is no reason to suppose that they will be evaded in the majority of cases.

13/1/15

For Offg:Secretary to Government.

G.K.V.-2.

Draft Obn

D4725

77

No. G. 305
Encls. 4

Office of Senior Surgeon, Mysore Govt.

Dated, Bangalore, 27-1- 1915.

Med 231-13-Sec.3

From

Rao Bahadur T. V. Arumugum Mudaliar, Esq., M. B., C. M.,
Senior Surgeon with the Government of
H. H. the Maharaja of Mysore, Bangalore.

To

D.L.Narasinga Rao, Esq. I.C.S., B.L.,
Offg. Secretary to the Government of
H. H. the Maharaja of Mysore,
Gen. and Rev. Deptts, Bangalore.

Sir,

Returned herewith

With reference to your letter No. 5514-Med.231-13-2 dated 12th January 1915, forwarding for my opinion the draft rules proposed by the Financial Secretary on the subject of levying fees in hospitals and dispensaries from persons who can afford to pay, I have the honor to state that I have carefully gone through the draft rules and the memoranda of observations thereon.

2. Although I am still inclined to hold to the views expressed in my letter No.G. 400 dated 2?-3-1914 on the subject, I have no objection to try an experiment in the public hospitals and dispensaries in Bangalore & Mysore.

3. I am not in favour of leaving it to the discretion of the Medical Officer to decide which patient should be asked to sign the declaration and which not. Apart from certain other practical difficulties involved in the working of the system, the procedure entails much expenditure of the Medical Officer's time, which he could more usefully employ in his professional duties. I would, therefore, not have any declaration at all in the case of out-patients.

4. I fully agree in the observations contained in

the

From

The Senior Surgeon,

Mysore Govt., Bangalore.

To

The Secretary

to the Govt. of Mysore,

Genl and Rev Deptts.,

Bangalore.

Dated 27-1-1915.

No. G. 303

Encls. 4.

Subject.

Re: Levying fees in hospitals and dispensaries from persons who can afford to pay.

the Secretariat Memorandum No. II. There seems to be little justification for fixing any graduated scale of fees whether for out-patients or for in-patients. These fees being of the nature of price for medical treatment should be uniform in as much as medical treatment has to be uniform and cannot be made to vary according to the patient's ability to pay.

5. It will no doubt be convenient, wherever it is possible to do so, to have two entrances, one "for the poor" who will get advice and treatment gratis - the other "for paying patients and for subscribers." It may be left to the patient which class of persons he would identify himself with.

6. I append, as desired, a draft of the rules which I propose for the consideration of Government.

7. Following the Notification of the 19th July 1893, I have proposed Rs 4/- as the minimum monthly subscription that would entitle a person to obtain medical advice and medicines for himself and his family free of charge.

8. To prevent, as far as possible, an unfair competition with the private Chemist and Druggist, I have proposed a rate of 4 annas for medical advice (including minor operations) and medicine for an out-patient.

9. Uniform rates of 8 annas per day for patients in the general wards and of Rs 2/- and 1/- per day respectively for 1st and 2nd class patients in special wards, have been fixed for in-patients and these rates will include all ordinary charges of treatment - except special nursing which, it is not possible to arrange in Bangalore on account of paucity of trained private nurses, and for which the patients concerned will have to make their own arrangements.

10. I request that Government may be pleased to accord their sanction to these rules being brought into force in all the Government hospitals and dispensaries in Bangalore as a tentative measure for three years, during which period the

result

result may be watched.

I have the honor to be,

Sir,

Your most obedient servant,

Senior Surgeon.

Simla Surgeon's rules :—

RULES TO REGULATE THE LEVY OF FEES FROM PATIENTS RESORTING TO PUBLIC HOSPITALS & DISPENSARIES FOR TREATMENT.

Govt: Home 231—13—8(3).

1. Persons whose monthly income from all sources does not exceed Rs 50 and their dependants will be considered as poor for the purposes of these rules, and will be entitled to free medical advice and treatment in all hospitals and dispensaries whether they are maintained from Provincial, Municipal or Local Funds.

OUT-PATIENTS.

2. Subscribers to a hospital or dispensary of rupees four per mensem and upwards will be allowed to have medical advice and treatment for themselves and their families free of charge in the Out-patients' Department.

3. Every other person attending a hospital or dispensary for treatment as an out-patient will be charged at the rate of ¼ annas for each attendance - such payment to include charges on account of advice (including a minor operation) and medicine for a day.

IN-PATIENTS. (1) General Wards.

4. Every person who is not poor and who desires to be admitted and treated in the general wards, should pay at the rate of 8 annas for every day he stops in the hospital.

5. Persons wishing to be treated as in-patients free of charge will have to sign a declaration to the effect that their own income or that of the person on whom they depend does not exceed Rs 50 a month.

(2) Special wards.

6. Every person wishing to be admitted into the special ward will have to pay a fee of Rs 2/- per day if he is to be treated as a first class patient and given one whole room for himself, or one rupee a day when he will be treated as a second class patient, two second class patients being put in one room.

7. For children under 12 years of age, half the above rates will be charged for hospital stoppages.

8. The above rates include all ordinary charges including medical attendance, treatment and dieting. Patients requiring special nursing will have to make their own arrangements.

9. All charges levied under the foregoing rules shall be recovered in advance and credited in full to Government.

10. Emergencies will be attended to free of charge.

Senior Surgeon.

Draft order for Council. (82)

No. 7 Copies

Prescribe rules for the levy of fees in Hospitals & Dispensaries in Bangalore & Mysore cities for 3 years from 1.1.16

Proceedings of the Government of
His Highness the Maharaja
of Mysore.

24/11

Read:

Government Order No 7332-72 dated ~~Med 89-06-57~~ med 89-06-57

Sdry mr MS Ramachandrachar.

the 24th February 1910 prescribing --- rules regarding medical attendance on - Government Officers etc and fees for --- attendance.

2. Correspondence ending with --- letter No G 305 dated the 27th January - 1915 from the Senior Surgeon in the -- matter of a proposal to levy fees in — Hospitals and Dispensaries in the State, from persons who can afford to pay for - medical relief.

* afr in 32 Dec -

Order ~~thereon~~ No:- 3820-70 9-6 11 15.
med 231-13-4

Dated, Bangalore the ~~April~~ 1915

With the growth of population and the recognition by the people of the -- advantages of skilled medical treatment, there has been an increasing need for a large number of hospitals and dispen-

saries, and for their better equipment, and the expenditure on medical relief - has been rapidly ~~rising~~ growing. The existing practice of providing medical advice and hospital treatment free of charge to the rich and the poor alike, was introduced - at a time when medical institutions were few, and it was necessary to popularize them, and demonstrate to the public the advantages of scientific medical treatment. These reasons no longer exist -- and an indefinite continuance of the -- practice would hamper the normal expansion of the Medical Department and injure the interests of the deserving --- poor, who alone have a claim to gratuitous treatment.

2. The need to modify this practice was felt so far back as ~~1885~~ 1893, when a set of rules were issued authorising - the levy of fees for prescriptions made up for persons who could afford to pay;

Pwg 7 file 43792

but for some reason the rules were not generally brought into force. Government are of opinion that the time has arrived for introducing the system of levying fees tentatively in the institutions in the cities of Bangalore and Mysore, especially as this system has been working well in the British Indian Provinces.

3. They are therefore pleased to issue the rules given in the Appendix which will be adopted in all the hospitals and dispensaries in the cities of Bangalore and Mysore tentatively for a period of three years with effect from ~~1st July~~ 1st January 1916 ~~1915~~. These rules are not however intended to affect those issued with the G.O of 24.2.16 read above.

23.11.15.

4. The Senior Surgeon is requested to submit at the close of each official year a report on the working of the rules

rules herein prescribed.

Print
Issue.

Secretary to Government.

To

The Senior Surgeon in Mysore.
Other Heads of Departments.
Deputy Commissioners of Districts.
Presidents of the Bangalore and --
Mysore City Municipal Councils.

The Compiler Mysore Gazette for publication in Part IV of the Gazette

RULES TO REGULATE THE LEVY OF FEES FROM PATIENTS RESORTING TO PUBLIC HOSPITALS AND DISPENSARIES FOR TREATMENT.

----:o:----

1. Persons whose monthly income from all sources does not exceed Rs.50 and their dependants will be considered as poor for the purposes of these rules, and will be entitled to free medical advice and treatment in all hospitals and dispensaries, -- whether they are maintained from Provincial municipal or Local Funds.

OUT-PATIENTS.

2. Subscribers to a hospital or dispensary of rupees four per mensem and upwards will be allowed to have medical advice and treatment for themselves and their families free of charge in the Out-patients' Department.

3. Every other person attending a hospital or dispensary for treatment as an out-patient will be charged at the rate of 2 annas for each attendance-such payment to include charges on account of advice (including a minor operation) and medicine for a day.

IN-PATIENTS. (1) General Wards.

4. Every person who is not poor and who desires to be admitted and treated in the general wards, should pay at the rate of 8 annas for every day he stops in the hospital.

5. Persons wishing to be treated as in-patients free of charge will have to sign a declaration to the effect that their own income or that of the person on whom they depend does not exceed Rs.50 a month

(2) Special wards.

6. Every person wishing to be admitted into the special ward will have to pay a fee of Rs.2/- per day if he is to be treated as a first class patient and given one whole room for himself, or one rupee a day when he will be treated as a second class patient two second class patients being put in one room.

Note: These special rates do not apply to the Victoria Hospital Bangalore for which special rates have been prescribed in G.O.9594-5/dated 53-08-8 dated 2.4.09

23.11.'5.

7. For children under 12 years of age, half the above rates will be charged for hospital stoppages.

8. The above rates include all ordinary charges including medical attendance, treatment and dieting. Patients requiring special nursing will have to make their own arrangements.

9. All charges levied under the foregoing rules shall be recovered in advance and credited in full to Government.

10. Emergencies will be attended to free of charge.

2011

Government of His Highness the Maharaja of Mysore.

GENERAL AND REVENUE DEPARTMENTS.

G. O. No. 3820-70—Med. 231-13-4, dated 26th Nov. 1915

Levy of Fees in Hospitals and Dispensaries.

Prescribes rules for the — in the Cities of Bangalore and Mysore, tentatively for three years, from 1st January 1916.

W. P. 1274—GPB—4-12-15—600

89

S. O. 4

Levy of Fees in Hospitals and Dispensaries.

No. 3820-70—Med. 231-13-4, dated 26th November 1915.

PROCEEDINGS OF THE GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE.

GENERAL AND REVENUE DEPARTMENTS.

Read—

Government Order No. 7332-72—Med. 89-06-57, dated the 24th February 1910, prescribing rules regarding medical attendance on Government Officers, etc., and fees for attendance.

2. Correspondence ending with letter No. G. 305, dated the 27th January 1915, from the Senior Surgeon in the matter of a proposal to levy fees in Hospitals and Dispensaries in the State, from persons who can afford to pay for medical relief.

Order No. 3820-70—Med. 231-13-4, dated 26th November 1915.

With the growth of population and the recognition by the people of the advantages of skilled medical treatment, there has been an increasing need for a large number of hospitals and dispensaries and for their better equipment and the expenditure on medical relief has been rapidly growing. The existing practice of providing medical advice and hospital treatment free of charge to rich and poor alike, was introduced at a time when medical institutions were few, and it was necessary to popularize them and demonstrate to the public the advantages of scientific medical treatment. These reasons no longer exist and an indefinite continuance of the practice would hamper the normal expansion of the Medical Department and injure the interests of the deserving poor, who alone have a claim to gratuitous treatment.

2. The need to modify this practice was felt so far back as 1893, when a set of rules were issued authorising the levy of fees for prescriptions made up for persons who could afford to pay; but for some reason the rules were not generally brought into force. Government are of opinion that the time has arrived for introducing the system of levying fees tentatively in the institutions in the Cities of Bangalore and Mysore, especially as this system has been working well in the British Indian Provinces.

3. They are therefore pleased to issue the rules given in the Appendix which will be adopted in all the hospitals and dispensaries in the Cities of Bangalore and Mysore, tentatively for a period of three years, with effect from 1st January 1916. These rules are not, however, intended to affect those issued with the Government Order of 24th February 1910 read above.

4. The Senior Surgeon is requested to submit at the close of each official year a report on the working of the rules herein prescribed.

D. M. NARASINGA RAO,
Secy. to Govt., Gen. Dept.

To—The Senior Surgeon in Mysore.
The other Heads of Departments.
The Deputy Commissioners of Districts.
The Presidents of the Bangalore and Mysore City Municipal Councils.
The Compiler, *Mysore Gazette*, for publication in three issues of Part IV of the Gazette.

Exd.—C. R.

No. 3820-70—MED. 231-13-4, DATED 26TH NOVEMBER 1915.

APPENDIX.

Rules to regulate the Levy of Fees from Patients resorting to Public Hospitals and Dispensaries for Treatment.

1. Persons whose monthly income from all sources does not exceed Rs. 50 and their dependants will be considered as poor for the purposes of these rules and will be entitled to free medical advice and treatment in all hospitals and dispensaries, whether they are maintained from Provincial, Municipal or Local Funds.

2. *Out-patients.*—Subscribers to a hospital or dispensary of rupees four per mensem and upwards will be allowed to have medical advice and treatment for themselves and their families free of charge in the Out-patients' Department.

3. Every other person attending a hospital or dispensary for treatment as an out-patient will be charged at the rate of two annas for each attendance such payment to include charges on account of advice (including a minor operation) and medicine for a day.

(1) GENERAL WARDS.

4. *In-patients.*—Every person who is not poor and who desires to be admitted and treated in the General Wards, should pay at the rate of eight annas for every day he stops in the hospital.

5. Persons wishing to be treated as in-patients free of charge will have to sign a declaration to the effect that their own income or that of the person on whom they depend does not exceed Rs. 50 a month.

(2) SPECIAL WARDS.

6. Every person wishing to be admitted into the special ward will have to pay a fee of Rs. 2 per day, if he is to be treated as a first class patient and given one whole room for himself, or one rupee a day when he will be treated as a second class patient, two second class patients being put in one room. *Note.*—These rates do not apply to the Victoria Hospital, Bangalore, for which special rates have been prescribed in Government Order No. 9594-5– Med. 53-03-8, dated 2nd April 1909.

7. For children under 12 years of age, half the above rates will be charged for hospital stoppages.

8. The above rates include all ordinary charges including medical attendance, treatment and dieting. Patients requiring special nursing will have to make their own arrangements.

9. All charges levied under the foregoing rules shall be recovered in advance and credited in full to Government.

10. Emergencies will be attended to free of charge.